

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulations
Office of Emergency Services

EMS System Modification Application

Effective, November 12, 2009

EMS System Modification Application Instructions

The following instructions should assist you in completing the NCOEMS EMS System Modification application. You only need to send in the completed section(s) listed on the **Content Information** page that pertains to your modification along with any required attachment(s). Please contact your regional specialist should you need assistance in completing this application.

1. Section I. EMS System Information:

- a. Must be filled out for all System Modifications and must be updated in CIS as information changes. This is system information and not Provider.
- b. This page is formatted to be completed electronically and saved for future use.
- c. The System Modification document is to be completed and submitted by the county System Administrator.

2. Section II. NEW EMS Provider Application:

- a. SECTION II.A. This section is for a NEW EMS Provider application. It encompasses licensed and non-licensed Provider applicants. This is strictly Provider information.
- b. SECTION II.B. This section allows for detailed information as to how the Provider will function within the system. A map or written narrative of service area is required and all information asked for must be addressed for application to be approved.

3. Section III. The Addition of Current Licensed or Non-Licensed EMS Provider(s) to the EMS System:

- a. This section is for a licensed or non-licensed EMS Provider currently functioning in one system and is requesting to function in another EMS system.
- b. If changes are required for any areas of the current EMS System application, these must be included as attachments to be added in the original application.

4. Section IV. Modifying the Level of Care for Current Licensed or Non-Licensed Provider(s) participating within the EMS System.

- a. Any Provider within a system who is requesting to modify their current level of care must complete this section. This can be either an increase or decrease in level of care.
- b. If an increase in level of care, a new roster must be included with application.
- c. If changes are required for any area of the current EMS System application, these must be included as attachments to be added to the original application.

5. Section V. The Deletion of a Current Licensed or Non-Licensed EMS Provider(s) or Non Traditional Practice Setting in the EMS System:

- a. Signatures of System, Provider, and or Hospital Administrator representative are required.
- b. Documentation is required to explain how service will be provided in the area that the deleted Provider served.

6. Section VI. EMD Center Information and Application:

- a. This section must be completed for all initial EMD Centers, additions, deletions, and changes/updates in the current EMDPRS and EMD con-ed.

7. Section VII. Medical Oversight:

- a) Section VII A. If changes are made in protocols, medications, policies, or procedures for the EMS System, completion of this section along with supporting documentation is required. If an EMS System or Provider would like to change or add a protocol to the existing 2009 NCCEP Patient Care Treatment Protocols, the Medical Director must contact Dr. Greg Mears, NCOEMS Medical Director for approval before development of the additional protocol(s). Dr. Mears can be reached electronically at gdm@med.unc.edu. Approval letter from the NCOEMS Medical Director and the OEMS is required before implementation of changes.
- b) Section VII.B. If the system adds an Assistant Medical Director or changes System Medical Director, even if interim, this section is required. This section provides all the mandatory NCCEP requirements. If a Medical Director or Assistant Medical Director is deleted, only name is required.

Note: Please be prepared to present documentation or other information supporting your answer."

8. Section VIII. Endorsements:

- a. This section clarifies whose signatures are required based on sections that are being modified and must be sent with any modification submission. **Note: The County Manager's signature is not required, when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county.**

A completed application with all required attachments must be submitted to the appropriate regional office. Modifications that require approval must be submitted at least 30 days and receive notification from the OEMS prior to implementation. Incomplete applications are subject to be returned or may result in delayed approval. Further inquiries are to be directed to the appropriate regional office. All system modification applications must be approved by the county EMS System Administrator.

Note: Please be prepared to present documentation or other information supporting your answer."

**EMS SYSTEM MODIFICATION
APPLICATION
CONTENT INFORMATION AND SELECTION**

Application Date: 9-26-11

Proposed Implementation Date: 11-1-11

Descriptive Title: Change in Level of Provider

This modification involves: (Check all boxes that apply, complete appropriate sections, and attach any required documentation.)

Section

- ☒ **I. EMS System Information (Page 5)**
(Section must be completed for any modification)
- ☐ **II. New EMS Provider Application: (Page 6)**
☐ Licensed Provider ☐ Non-licensed Provider
(Complete sections I, II and VIII)
- ☐ **III. The Addition of Current Licensed or Non-Licensed EMS Provider(s) to the EMS System (Page 8)**
(Complete sections I, III, and VIII)
- ☒ **IV. Modifying the Level of Care for of Current Licensed or Non-Licensed Provider(s) participating Within and or outside the EMS System (Page 10)**
(Complete sections I, IV, and VIII)
- ☐ **V. Deletion of any System Provider or Non Traditional Practice Setting: (Page 12)**
☐ Licensed Provider ☐ Non-Licensed Provider ☐ Non Traditional Practice Setting
(Complete sections I, V, and VIII)
- ☐ **VI. EMD Center Information and Application: (Page 13, 14)**
☐ Addition *or* ☐ Deletion to an EMS System
(Complete sections I, VI, and VIII)
- ☐ **VII. Medical Oversight: (Page 15)**
☐ A. Protocol, Medication, Policies or Procedure Modification (Page 15)
(Complete sections I, VII (A,) and VIII)
- ☐ B. System Medical Director or Assistant Modification and Requirements (Page 16, 17)
(Complete sections I, VII (B), and VIII)
- ☒ **VIII. Endorsements (Page 18)**

Note: Please be prepared to present documentation or other information supporting your answer."

I. EMS System Information

1. Must be filled out for all System Modifications. This is system and not Provider information.
2. This page is formatted to be completed electronically and saved for future use.
3. The System Modification Document is to be completed and submitted to the NCOEMS by the county System Administrator.
4. If any of the below information has changed, please update in CIS data base prior to submission and highlight below what is new.

EMS System:

Level of System: ☐ EMT-B ☐ EMT-I ☒ EMT-P

Number of Modifications: 1

Descriptive Title: Change in Level of Provider

Proposed Implementation Date: 10-1-11

County Manager: Bill Eckler, Interim

County: Rutherford

Co. Manager Address: 339 Callahan Koon Rd., Spindale, NC 28160

Phone: 828-287-6075

Fax Number: 828-287-6489

Email

Address:

richard.pettus@rutherfordcountync.gov

Pager: N/A

Mobile: 828-288-1369

Contact Person: Richard Pettus, EMS Director

Title:

Phone: 828-287-6075

Fax Number: 828-287-6489

Email Address:

richard.pettus@rutherfordcountync.gov

Pager: N/A

Mobile: 828-288-1369

Mailing Address: 339 Callahan Koon Rd.

City: Spindale

State: NC

Zip: 28160

Medical Director: Bobby England, Medical Director

Phone: 828-287-6075

Fax Number: 828-287-6489

Email

Address:

richard.pettus@rutherfordcountync.gov

Pager: N/A

Mobile: 828-288-1369

Mailing Address: 339 Callahan Koon Rd.

City: Spindale

State: NC

Zip: 28690

RAC Affiliation:

Completed application must be submitted to the appropriate regional office. Modifications that require approval must be submitted at least 30 days and receive notification from the OEMS prior to implementation. Further inquiries are to be directed to the appropriate regional office. All system modification applications must be approved by the county EMS System Administrator.

WESTERN

Western Regional EMS Office
3305 16th Ave. S.E.
Suite 302
Conover, NC 28613
828-466-5548 Office
828-466-5651 Fax

CENTRAL

Central Regional EMS Office
120 Penmarc Drive, Suite 108
2717 Mail Service Center
Raleigh, NC 27699-2717
919-715-2321 Office
919-715-0498 Fax

EASTERN

Eastern Regional EMS Office
404 St. Andrews Street
Greenville, NC 27834
252-355-9026 Office
252-355-9063 Fax

Note: Please be prepared to present documentation or other information supporting your answer."

IV. Modifying the Level of Care for Current Licensed or Non-Licensed Provider(s) participating within the EMS System

1. Any Provider within a system who is requesting to modify their current level of care must complete this section. This can be either an increase or decrease in level of care.
2. If an increase in level of care, a new roster must be included with application.
3. If changes are required for any area of the current EMS System application, these must be included as attachments to be added to the original application.
4. Required Endorsements: County Manager, System Administrator, Medical Director, and Provider Administrator.

A separate sheet must be completed for EACH PROVIDER participating in this EMS System program modification.

Provider Name: American TransMed Is the information listed in the CIS data base correct? ☒ Yes ☐ No If no, please update.

Provider Number: 5811199 License Number: 1572 ☐ Non-Licensed

Provider Mailing Address: PO Box 2101

City: Gaffney State: SC Zip: 29342

Contact Person: Brian Lawson Title: Operations Manager

Phone: (888) 826-0911 Pager: () Mobile: (864) 809-3501

1. Indicate CURRENT Operational level: ☐ MR ☒ EMT ☐ EMT-I ☐ EMT-P ☐ Air Medical
2. Indicate PROPOSED Operational level: ☐ EMT ☐ EMT-I ☒ EMT-P ☐ Air Medical
3. Roster in CIS must be current with appropriate staffing requirements for proposed level: ☒ Yes ☐ No
4. PROPOSED # of vehicles to be permitted: 2 - EMT-Paramedic Level, 5 - EMT-Basic Level Non-Transporting

Mandatory Information Requirements:

- ☒ 1. If there is a change in the current service area, attach an 8 ½ x 11 map or a written narrative indicating the approved service area within the system, to include square miles. Explain the Provider's role within the overall system. American TransMed has been granted status within the Rutherford County EMS System, pending OEMS approval, as a paramedic level provider to provide any of the following services. The approved services are 1) Convalescent / Convalescent Back-up; 2) 911 Non-Emergency / 911 Non-Emergency Back-up and 3) 911 Emergency / 911 Emergency Back-up. As a provider of these services within Rutherford County, American TransMed must meet and adhere to the following general system guidelines:

1. American TransMed will only be allowed to function as a North Carolina provider under the Rutherford County EMS System Plan for any patient that originates and/or terminates within Rutherford County. The Rutherford County EMS System will not provide any quality oversight or medical direction for anything not originating and/or terminating within Rutherford County and thereby will hold no responsibility for anything done outside this requirement.

2. American TransMed is approved to operate up to five (5) convalescent/BLS ambulances and two (2) ALS ambulances within the Rutherford County EMS System. No additional ambulances are permitted as part of the Rutherford County EMS System at this time.

3. American TransMed will provide convalescent or scheduled transports within all defined regions except Region 2 as identified in the attached map. Any patient may choose which system provider (Hickory Nut Gorge EMS and Rescue or American TransMed) they wish to utilize for convalescent or scheduled transports. However, unless the patient requests a specific provider, any call for convalescent or scheduled transport that originates and/or terminates within Region 2 will be forwarded to the Rutherford County Communications Center for dispatch to Hickory Nut Gorge EMS and Rescue. If for some reason Hickory Nut Gorge EMS and Rescue is unable to handle the request, the call will be forwarded back to American TransMed.

Note: Please be prepared to present documentation or other information supporting your answer."

4. Rutherford County Ordinance requires any emergency call to be directed through the Rutherford County Communications Center regardless of type to include ALS transfers between facilities, 911 Non-Emergency (non-scheduled event) calls or 911 Emergency calls. American TransMed will be utilized to assist with these calls as needed based on EMS System needs and will be contacted via radio dispatch (during staffed hours) or by phone for after hour transfers. Under no circumstances will any call type other than a scheduled convalescent call be taken by American TransMed without it first going through the Rutherford County Communications Center.

5. American TransMed must staff each convalescent and BLS ambulance with a minimum of 2 NCEMT-Basic level personnel or above and must staff each ALS ambulance with a minimum of 1 NCEMT-Paramedic and 1 NCEMT-Basic level personnel or above. It is recommended that 2 EMT-Paramedic level personnel be utilized on the ALS ambulance when possible due to the OEMS requirement of having 2 EMT-Paramedics for some procedures.

6. All American TransMed staff which plan to work within the EMS system will be required to attend an orientation day with the EMS System as defined by Rutherford County EMS, to cover such items as equipment, protocols, policies and procedures used within the system as well as anything else that would be mutually beneficial for the system and the provider's staff. In addition, any EMT-Intermediate or EMT-Paramedic level personnel working within the EMS system must successfully complete oral boards as approved by the EMS System Medical Director before being able to function at that level.

7. All clinical personnel working within the EMS system are required to acquire within one year and then maintain the following 1) ICS 100, ICS 200, IS 700 & IS 800. All clinical personnel within a transport agency working within the EMS system are required to acquire within six months and then maintain the following 1) AHA Basic Life Support (CPR) and 3) Approved trauma course (ITLS, PHTLS, ATT). In addition, all EMT-Paramedic level personnel within a transport agency are required to acquire within three months and then maintain the following 1) Approved pediatric course (PALS, PEP?) and 2) Advance Cardiac Life Support.

8. American TransMed personnel must obtain at least 24 hours per year of level specific, system approved continuing medical education as required by the North Carolina Office of EMS and the Rutherford County EMS System. Isothermal Community College is the approved primary educational institution utilized by the Rutherford County EMS System and its providers.

9. American TransMed must submit all electronic patient care reports to the state as required by OEMS using EMSCharts as utilized by all providers within the EMS system. The Rutherford County EMS System must have access to all patient reports and data for quality management review processes and system data collection.

10. American TransMed must meet, at a minimum, all equipment and supplies required on a convalescent and BLS ambulances as defined by the OEMS Vehicle Inspection Sheet and equipment and supplies required on an ALS ambulances as defined by the Rutherford County EMS Vehicle Inspection Sheet (sample sheets attached).

11. American TransMed must meet and adhere to all EMS system protocols, policies, procedures or anything else required of the entire system or level specific providers.

☒ 2. If there is a change, provide a written narrative explaining the following:

a. How will the public access the Provider? For scheduled convalescent calls, individuals or organizations will contact American TransMed directly via a 24 hour call line at 1-888-826-0911. For any other call type to include ALS transfers between facilities, 911 non-emergency calls and 911 emergency calls, individuals or organizations will contact the Rutherford County Communications Center and not contact American TransMed directly. If American TransMed does receive a call for service that is not a scheduled convalescent call, they must refer the caller to call 911. For clarity, convalescent calls refer to calls for which a scheduled physician appointment or specialist is seen at a predetermined time and does not typically include transport directly to the emergency department of the hospital.

b. Describe the hours of operation. If the Provider will not be providing services 24 / 7, then a procedure must be developed that will ensure coverage is provided to the citizens 24 / 7. American TransMed will be available 24 hours a day / 7 days a week either with staffed, on-duty ambulances at both the BLS and ALS level or by on-call availability requiring a minimal amount of time for staff to return to the office to pick up an ambulance for both BLS and ALS.

☒ 3. Will the Provider have representation as part of the EMS Peer Review Committee? ☒ Yes ☐ No If yes, provide the new EMS Peer Review Committee membership. If no, explain the process in which information regarding medical review is obtained. American TransMed is a current member of the Peer Review Quality Management Committee.

☒ 4. Will on-line medical control be provided by a facility other than those currently listed in system application. ☐ Yes ☒ No If yes, give name of facility. _____

Note: Please be prepared to present documentation or other information supporting your answer."

- ☒ 5. Will the Provider be using the current equipment/medication checksheets and the vehicle maintenance forms as in the County EMS system application? ☒ Yes ☐ No If no, provide copies of new forms that will be used.
- ☒ 6. Does the new level of care require a change in the continuing education? ☒ Yes ☐ No If yes, What teaching institution is responsible for education? Isothermal Community College
- ☐ 7. Addition /changes made in medications, policies, or procedures for the EMS System or Medical Director requires completion of Section VII, Medical Oversight. This information is to be attached to this modification. An approval letter from the State Medical Director and the OEMS is required prior to implementation.
- ☒ 8. Have personnel and facilities been provided with information regarding on-line medical control and the new Provider's role in the system? ☒ Yes ☐ No

Note: Please be prepared to present documentation or other information supporting your answer."

VIII. ENDORSEMENTS

Please type or print the name and title under each required signature. If additional signatures are required, attach an extra copy of this sheet.

We, the undersigned, have reviewed this **EMS SYSTEM MODIFICATION APPLICATION** and all attachments. We fully approve, support, and endorse this modification with a thorough involvement and understanding of our respective roles and responsibilities in maintaining an EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

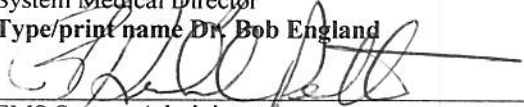


System Medical Director

Type/print name **Dr. Bob England**

10/14/11

Date

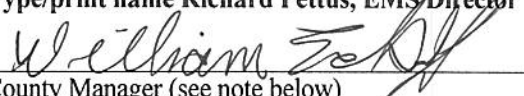


EMS System Administrator

Type/print name **Richard Pettus, EMS Director**

10/14/11

Date



County Manager (see note below)

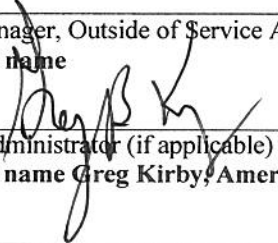
Type/print name **Bill Eckler, Interim Co. Manager**

10/14/11

Date

County Manager, Outside of Service Area (if applicable)
Type/print name

Date



Provider Administrator (if applicable)
Type/print name **Greg Kirby, American TransMed**

10/17/11

Date

Provider Administrator (if applicable)
Type/print name

Date

Hospital/Facility Representative (if applicable)
Type/print name

Date

Other (if applicable)
Type/print name

Date

Note: The County Manager's signature is not required, when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county.

For NCOEMS Use Only

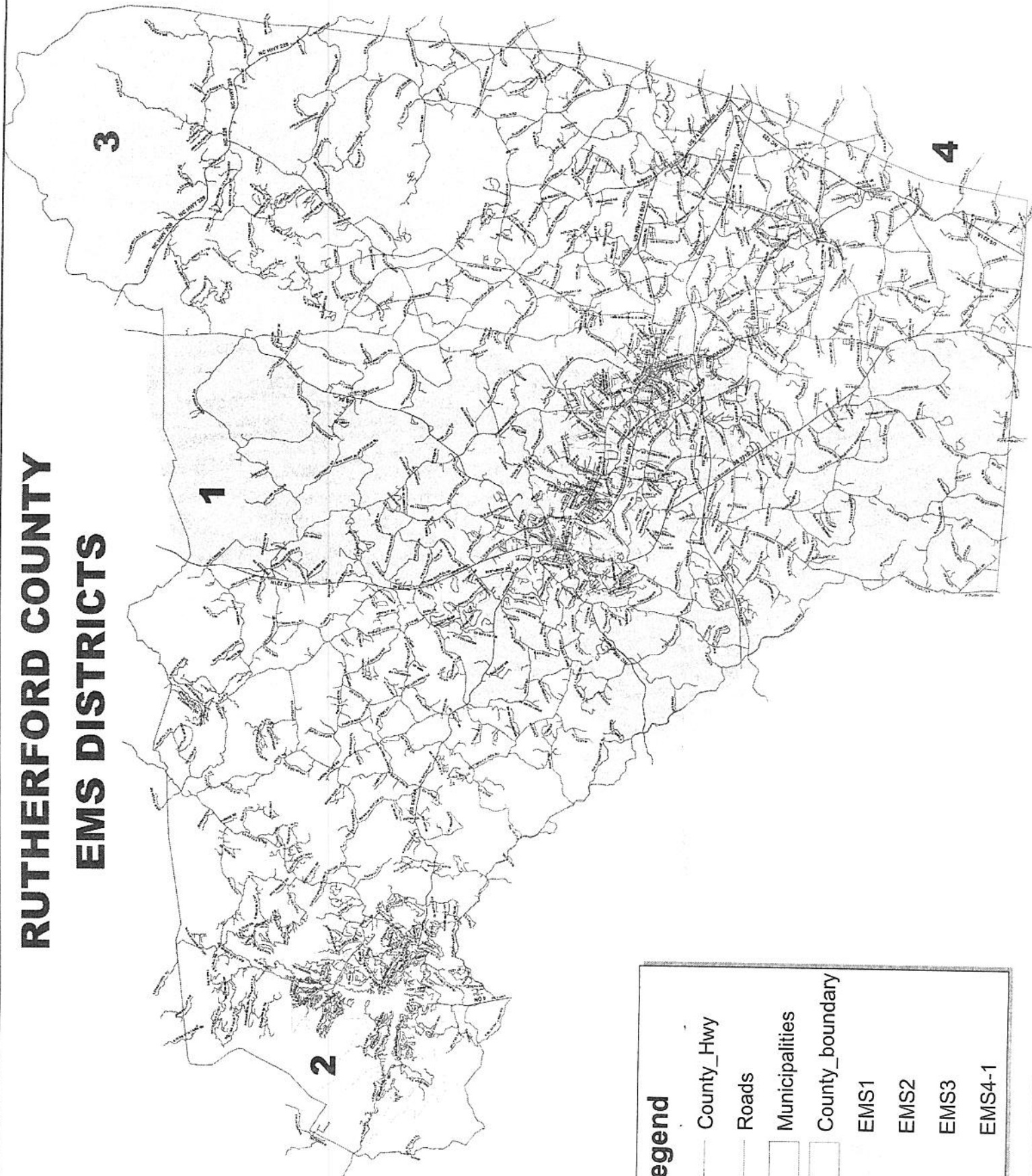
Date Received NCOEMS _____

Regional Specialist Signature _____

Note: Please be prepared to present documentation or other information supporting your answer."



RUTHERFORD COUNTY EMS DISTRICTS



Legend

- County_Hwy
- Roads
- Municipalities
- County_boundary
- EMS1
- EMS2
- EMS3
- EMS4-1

RUTHERFORD COUNTY EMS**DAILY CHECK OFF SHEET****Paramedic Unit – BLS Supplies / Equipment**

MEDIC # _____ TRUCK# _____

CAB

- ☐ GLOVES (S/M/L/XL)
☐ FLASHLIGHT(1)
☐ DOOR OPENER
☐ PAPERWORK

OUTSIDE O2 COMP

- ☐ PORTABLE STRETCHER

DRIVERS REAR COMP

- ☐ BLANKETS(2)
☐ PILLOW (1)
☐ PILLOW CASES (3)
☐ SHEETS (6)
☐ C COLLAR(ADULT 3/ PEDI3)

PASSENGER SIDE LARGE COMP

- ☐ LONG SPINE BOARD (2)
☐ KED or XP-1
☐ PEDI BACK BOARD

PASSENGER SIDE SMALL COMP

- ☐ HEAD BLOCKS (2)
☐ HEAD BLOCKS CHILD (1)
 PEDI(1)
☐ SPIDER STRAPS (2)
☐ LONG STRAPS (3)

COMP. #1

- ☐ ADULT NC (5)
☐ ADULT SFM (5)
☐ ADULT NRB (5)
☐ EYE PROTECTION (2)

COMP. #2

- ☐ FIXED SUCTION WITH
 TUBING & YAUNKER
 ASSEMBLED
☐ SUCTION CATHETERS (2
 EA SIZE12FR-18FR)
☐ YAUNKERS (2)
☐ SUCTION TUBING (2)
☐ OPA (1EA)
☐ NPA (1EA 24FR-36FR)
☐ KY JELLY
☐ BULB SYRINGE (1)

COMP#3

- ☐ 2000 CC STERILE WATER
☐ CONVENIENCE BAGS (5)

COMP #3(CONT)

- ☐ STERILE BURN SHEETS (2)
☐ THERMOMETER
☐ STERILE OB KIT
☐ MECONIUM ASPIRATOR (1)
☐ N-95 MASK (BOX)
☐ PROTOCOL BOOK

COMP #6

- ☐ 2X2 (10)
☐ 4X4 (10)
☐ 5X9 (6)
☐ MULTI TRAUMA PADS (2)
☐ 2" KLING (6)
☐ 4" KLING (6)
☐ TRIANG. BANDAGES (6)
☐ BAND-AIDS (5)
☐ VASELINE GAUZE
☐ ELECTRODES (1 PACK)
☐ DEFIB PADS (1 ADULT / 1
 PEDI)
☐ HOT PACKS (5)
☐ COLD PACKS (5)
☐ EKG PAPER (1)
☐ NEEDLES (5 EA SIZE)
☐ SYRINGES (5 EA SIZE)

COMP. #7

- ☐ TRIAGE TAGS (10)
☐ IDCC PROTECTION (GOWN,
 SHOE COVERS, GOGGLES)
☐ BIO HAZARD BAGS AND
 LABELS

COMP. #8

- ☐ BED PAN (1)
☐ URINAL(1)

COMP.#10

- ☐ PEDI N/C (3)
☐ PEDI SFM (3)
☐ INFANT BVM (1) WITH
 NEONATE MASK
☐ CHILD BVM (1)

COMP #11

- ☐ ADULT BVM (1)
☐ CO2 DETECTOR (1)

SIGN _____ DATE _____

COMP #11(CONT)

- ☐ PORTABLE SUCTION
 (WITH BATTERY,
 YAUNKER, Catheters RINSE
 BOTTLE)
☐ TUBE HOLDER (1)
☐ AIRWAY BAG
☐ KING AW (1 EA 2.5- 5)

UNDER BENCH SEAT

- ☐ TRACTION SPLINT (ADULT
 / PEDI)
☐ FRAC-PAC (ADULT / PEDI)
☐ BODY BAG (1)
☐ SHORT ARM BOARD (1)

ON BENCH SEAT

- ☐ IV CATHETERS (14-24 GA, 5
 EA)
☐ START KITS (5)
☐ ALCOHOL PADS
☐ 2 X 2'S
☐ INT'S (5)
☐ TAPE
☐ BANDAGE SHEARS (1)
☐ SHARPS BOX
☐ BP CUFF
☐ STETHOSCOPE

RUTHERFORD COUNTY EMS**DAILY CHECK OFF SHEET****Paramedic Unit – ALS Supplies / Equipment**

MEDIC# _____ TRUCK# _____

SIGN _____ DATE _____

COMP. #4

____ CPAP/ WALL
____ ATTACHMENT/CIRCUIT(2)
____ PSI _____

COMP. #5

____ D5W (1000 MIN.)
____ NORMAL SALINE (3000
____ MIN.)

____ 10 DROP SET (5)

____ 60 DROP SET (5)

____ BLOOD SET (2)

____ LANCETS (10)

____ START KITS (3)

____ ALCOHOL WIPES

____ LARGE B/P CUFF

COMP. #9

____ NEBULIZERS (3)

____ ALBUTEROL (10)

____ ATROVENT (5)

____ XOPENEX (5)

MONITOR

____ MONITOR

____ ELECTRODES (ADULT/
____ PEDI)

____ SPARE BATTERY

____ DEFIB / PACER PADS

(1 ADULT/ 1 PEDI)

____ 12 LEAD CABLES/ POWER
____ CORD

____ SPARE PAPER (1)

____ CAPNOGRAPHY

____ EQUIPMENT (NC AND ET)

JUMPBAG BACK COMP.

____ BVM WITH TUBING

____ ET TUBE HOLDER

____ CO2 DETECTOR

____ NRB (1)

____ NC (1)

____ NEBULIZER (1)

____ NPA (1 EA) 24fr-36fr

____ OPA (1EA)

INSIDE UPPER COMP.

____ TRAUMA DRESSING (1)

____ ASHERMAN SEAL (2)

____ 12 GA NEEDLE (2)

____ CRICOTHYROTOMY KIT

RSI KIT

____ ETOMIDATE (1)

____ LIDOCAINE (1) 100 MG

____ SUCCINYLCHOLINE (1) 200MG

____ VECURONIUM (1)

____ 10 CC SYRINGES (3)

____ STERILE WATER(1)

LEFT OUTSIDE COMP.

____ 2X2 (3)

____ 4X4 (3)

____ 5X9 (2)

____ 2" & 4" KLING (3 EA)

____ TAPE

____ VASELINE GAUSE (2)

____ TRIANGULAR

____ BANDAGES (2)

RIGHT OUTSIDE COMP.

____ B/P CUFF

____ STETHOSCOPE

FRONT OUTSIDE COMP.

____ 14 GA IV CATHETER (2)

____ 16 GA IV CATHETER (2)

____ 18 GA CATHETER (2)

____ 20 GA CATHETER (2)

____ 22 GA CATHETER (2)

____ 24 GA CATHETER (2)

____ TAPE (1)

____ START KIT (2)

____ BAND-AIDS (4)

____ STYLETTE

____ LARYNGOSCOPE

____ HANDLE/BLADES

____ ALCOHOL PADS (5)

____ SCISSORS (1)

____ MAGIL FORCEPS (1)

____ ET TUBES (SIZES 6-9)

____ SYRINGES (3 EA SIZE)

____ NEEDLES (ASSORTED)

____ BOUGIE

JUMP BAG INSIDE COMP

____ GLUCOMETER (TEST

____ STRIPS/LANCETS)

____ EASY IO WITH (NS, 10

____ DROP SET NEEDLE)

____ ADENOCARD (6) 6MG

____ AMIODARONE (3) 150 MG

____ ASA (1) BOTTLE

____ ATROPINE (3) 1 MG

JUMP BAG INSIDE cont.

____ BENADRYL (1) 50 MG

____ CARDIZEM (1) 25 MG

____ CHARCOAL (2) 25G

____ D-50 (1) 25G

____ EPI 1:1000 (1) 1 MG

____ EPI 1:10,000 (4) 1 MG

____ GLUCAGON (1) 1 MG

____ LIDOCAINE (2) 100 MG

____ NARCAN (1) 2 MG

____ NITRO (1) BOTTLE

____ NITRO PASTE/PAPER (1)1G

____ ORAL GLUCOSE (1) 15G

____ SODIUM BICARB (1) 50

____ MEQ

____ SOLUMEDROL (1) 125 MG

____ ZOFRAN (1) 4 MG

BACK-UP MEDS

____ ASA (1) BOTTLE

____ ATROPINE (3) 1 MG

____ BENADRYL (1) 50 MG

____ CALCIUM (1)

____ CARDIZEM (1) 25 MG

____ CHARCOAL (2) 25 G

____ D-50 (2) 25G

____ DOPAMINE (1) 400 MG

____ EPI 1:1000 (1) 1 MG

____ EPI 1:10,000 (4) 1 MG

____ ETOMIDATE (1)

____ GLUCAGON (1) 1 MG

____ LASIX (4) 40 MG

____ LIDOCAINE (2) 150 MG

____ MAGNESIUM (1) 5 MG

____ NARCAN (1) 2 MG

____ NITRO (1) BOTTLE

____ NITRO PASTE/PAPER (2)1G

____ ORAL GLUCOSE (1) 15G

____ ROMAZICON (1) .5 mg/5ml

____ SODIUM BICARB (1) 50

____ MEQ

____ SOLUMEDROL (1) 125 MG

____ SUCCINYLCHOLINE (1) 200MG

____ VECURONIUM (2)

____ ZOFRAN (1) 4 MG

RUTHERFORD COUNTY EMS
DAILY CHECK OFF SHEET
Paramedic Unit – Pediatric Bag

MEDIC# _____ TRUCK# _____

SIGN _____ DATE _____

PHILLIPS MONITER CALIBRATION TEST

ATTACH STRIP WITH SIGNATURE

SEAL NUMBER _____

- ____ LENGTH BASED
- ____ MEASURING TAPE(1)
- ____ NASAL CANNULA (1)
- ____ OXYGEN MASK (1)
- ____ OPA (1 EA PEDI SIZE)
- ____ NPA 16-22 (2 EA)
- ____ LARYNGOSCOPE
- ____ HANDLE/BLADES (1EA)
- ____ ET TUBES 2.5-6.0 (1 EA)
- ____ STYLETTE (1)
- ____ TUBE HOLDER (1)
- ____ CO2 DETECTOR (1)
- ____ MAGILL FORCEPS (1)
- ____ IV START KIT (2)
- ____ IO NEEDLES (ASSORORTED)
- ____ IV CATHETERS 18-24 (2)
- ____ NORMAL SALINE 500CC (1)
- ____ D5W 250CC (1)
- ____ 10 DROP SET (1)
- ____ IV ARM BOARD (1)
- ____ SUCTION CATHETERS 6-12 (2EA)
- ____ KY JELLY (2)
- ____ 60 CC SYRINGE
- ____ NEEDLE ADAPTABLE (1)
- ____ SYRINGES (2 EA SIZE)
- ____ NEEDLES (5)
- ____ 2 X 2 (5)
- ____ 4 X 4 (5)
- ____ EPI 1:10,000 (1)
- ____ ATROPINE 1MG (1)
- ____ LIDOCAINE 100MG (1)
- ____ BITE STICK (1)
- ____ BANDAIDS (5)



GROUND & NON-TRANSPORT VEHICLE INSPECTION REPORT

Date: _____

Location: _____



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: _____

System Affiliation: _____

Operational Level: ___ EMT ___ EMT-I ___ EMT-P

VEHICLE INFORMATION

Current Permit #: _____ VIN: _____

Assigned Vehicle Number: _____ Model Year: _____

Manufacturer: _____ Fuel Type: ___ Gas ___ Diesel ___ 4 X 4
Inspection Type: ___ Ground ___ Non-Transport **New Only:** Height: _____ Length: _____

Highlighted items are not required for Non-Transport Vehicles

Ramp Inspection requires Mandatory Items: Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory Items:

- Vehicle Body & Function
- Appropriate Restraints for crew & non-Patient Passenger
- Warning Devices (Lights & Siren)
- Two-Way Radio in front & radio control
- Device Mounted in Patient Compartment
- Interior Dimensions (min. 48" X 102")
- Wheeled Cot w/ Securing Straps
- O2 Cylinder /Regulator (Portable)
- Suction Device w/Tubing (Portable)
- BV Mask Adult & Child w/4 Sizes Mask
- Defibrillator w/Adult & Ped. Pads
- Sphygmomanometer (cuffs & devices) for Pediatric, Normal Adult & Adult Large)
- Adult Stethoscope
- Heating & Cooling Source
- Patient compartment lighting

Mandatory at the Discretion of Medical Director for BLS Providers

- Blind Insertion Airway Device w/Syringe
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine Auto Injector
- Nitroglycerin
- Naloxone
- Nasal Administration Device

Fifteen Point Deduction:

- Long Backboard
- Three (3) Backboard Straps or Equivalent
- Stair Chair or Folding Stretcher
- Head Immobilization Device
- Cervical Spine Immobilization Device (Small, Medium, & Large)
- Pediatric Spinal Immobilization Extrication Device or Short Backboard w/Straps
- Adult Spinal Immobilization Extrication Device or Short Backboard w/Straps
- Adult Femur Traction Splint
- Upper & Lower Extremity Immobilization Device
- Oropharyngeal Airways (0, 1, 2, 3, 4, 5)
- NPA's (14, 18, 20, 22, 24, 26, 28, 30, 32)
- Nasal Cannula (Adult & Pediatric)
- Non-Rebreather w/Tubing (Adult & Ped.)
- Oxygen Tubing
- Soft Suction Cath. (One between 6 & 10F, one between 12 & 16F)
- Rigid Pharyngeal Suction Device

- Wide-bore Suction Tubing
- Latex Allergy Kit
- Mounted Fire Extinguisher
- Flashlight w/ Extra Batteries
- Infectious Control Kits: Masks, Gowns
- Jump Suit, Eye Protection, Shoe Cover
- Non-Sterile Gloves
- Disposable Biohazard Bags
- Disinfecting Hand Wash
- Sharps Container (Fixed & Portable)
- Emesis Basin
- Urinal
- Bed Pan
- Nonporous Pillow
- Sheets & Towels
- Thermal blanket or Other Heat
- Conserving Device
- Sterile OB Kit
- Bulb Syringe (Separate from OB)
- Broselow Tape (2007 Version B)
- Dressing, Bandages, and Roll Gauze
- Tape
- Occlusive Dressing
- Heavy Duty Scissors
- Alcohol Wipes
- Lubricating Jelly
- SMART (Triage Tags)
- Sterile Saline Solution
- Burn Sheet
- Cold Packs
- Medications and Fluid kept in climate controlled environment.
- Provider Name on Each Side
- Reflective Tape on all 4 Sides
- Equipment Secured in Pt. Compartment

Three Point Deductions:

- Triangular Bandages
- Thermometer (Low Temperature capability)
- Pediatric Femur Traction Splint
- Glucose Measuring Device
- Pulse Ox. w/ Adult & Pediatric Probe)
- Hard Copy of Protocol
- Disinfectant for Cleaning Equipment, N-95 or HEPA Masks
- Pediatric Restraint Device Available To Restrain < 40 lbs.
- Exterior Cleanliness
- Interior Cleanliness

No Point Deduction:

- Cellular Phone (Provider Owned)

EMT-I Inspection

- Defibrillator
- 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Fifteen Point Deduction:

- Blind Insertion Airway Device
- Wheeled Cot w/ Securing Straps
- O2 Cylinder /Regulator (Portable)
- Suction Device w/Tubing (Portable)
- BV Mask Adult & Child w/4 Sizes Mask
- Defibrillator w/Adult & Ped. Pads
- Sphygmomanometer (cuffs & devices) for Pediatric, Normal Adult & Adult Large)
- Adult Stethoscope
- Heating & Cooling Source
- Patient compartment lighting

EMT-P Inspection

- Defibrillator
- 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Fifteen Point Deduction:

- Blind Insertion Airway Device
- Wheeled Cot w/ Securing Straps
- O2 Cylinder /Regulator (Portable)
- Suction Device w/Tubing (Portable)
- BV Mask Adult & Child w/4 Sizes Mask
- Defibrillator w/Adult & Ped. Pads
- Sphygmomanometer (cuffs & devices) for Pediatric, Normal Adult & Adult Large)
- Adult Stethoscope
- Heating & Cooling Source
- Patient compartment lighting

Fifteen Point Deduction:

- Beta Blockers (Metoprolol, Labetalol, etc.)
- Calcium Chloride
- Glucagon
- Hydrocortisone
- Levamisole
- Midazolam
- Nitroglycerin
- Sodium Bicarbonate

Paramedic Systems must carry minimum of 1 of the following:

- Acetaminophen
- Nitrous Oxide
- NSAID (Ibuprofen, etc.)

Items requiring specific size:

- 2ml deduction should be taken if size missing or 5ml for entire item unless mandatory

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit

Total Inspection Scoring

- ___ x 2 pts= _____
- ___ x 3 pts= _____
- ___ x 15 pts= _____

TOTAL POINTS:

Inspection Results

- PASSED
- < 30 points = Satisfactory
- > 30 points = Unsatisfactory

- ☐ Deficiencies Corrected
- ☐ During Inspection
- ☐ Approved
- ☐ Not Approved

Permit #: _____

Expiration: _____

FAILED

- ☐ Refusal of a permit
- ☐ Failed - Temporary
- ☐ Failed - Suspension Issued

Compliance Inspection:

Provider Representative: _____ Ramp ___ Spot
Personnel: P Number _____ Level: _____

- #1: _____ MR B I P
- #2: _____ MR B I P

Comments: _____

For NCOEMS Use Only:

Inspector: _____

Date Entered in CIS: _____

RUTHERFORD County Emergency Services
Daily Check Sheet For Vehicle Operations

Vehicle number _____ Date _____ Checked By _____

Next Service Due Mileage _____ Current Mileage _____

Fuel Level _____ Full _____ Low _____ Fuel Card _____ Present _____ Absent

Oil level _____ Full _____ Low _____ Amount Added _____

Radiator Fluid _____ Full _____ Low _____ Amount Added _____

Brake Fluid _____ Full _____ Low _____ Amount Added _____

Transmission Fluid _____ Full _____ Low _____ Amount Added _____

Washer Fluid _____ Full _____ Low _____ Amount Added _____

Head Lights/Tail Lights _____ Working _____ Not Working

Turn Signals _____ Working _____ Not Working

Emergency Warning Lights /Siren _____ Working _____ Not Working

Radio/MDT/ Portable Radio/Flashlight _____ Working _____ Not Working

General Appearance Of Vehicle _____ Clean _____ No Major Damage

Tires _____ Good _____ Bad _____ Tread Depth _____ Good

Extra Equipment Aboard In Working Condition _____ Yes _____ No

Comments _____

